

<b>Case Number:</b>	CM15-0037452		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male, who sustained an industrial injury on 2/26/2013. The diagnoses have included left elbow medial epicondylitis, bilateral hand strain, wrist internal derangement and bilateral carpal tunnel syndrome. Treatment to date has included surgical intervention, electrodiagnostic testing, work restrictions and medications. He underwent a right total knee replacement (9/2013) and left total knee replacement (2/10/2014) with revision of left total knee replacement on 12/28/2014. Currently, the IW complains of left elbow, hand, wrist and bilateral knee pain. He has difficulty with loss of bowel control. He ambulates with a 4 point cane. Objective findings included sterile dressing over left total knee replacement surgical site. An orthopedic consult and pain management specialist were recommended. On 1/30/2015, Utilization Review non-certified a request for orthopedic consultation of bilateral hands, left elbow and left wrist noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The ACOEM guidelines were cited. On 2/27/2015, the injured worker submitted an application for IMR for review of orthopedic consultation of bilateral hands, left elbow and left wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Orthopedic Consultation for Bilateral Hand, Left Elbow and Left Wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

**Decision rationale:** Referral for surgery consultation may be indicated for patients who have red flags of a serious nature, fail to respond to conservative management, including worksite modifications, and have clear clinical and special study evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical intervention. Surgical considerations depend on the confirmed diagnosis of the presenting hand or wrist complaint. If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations is very important. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may aid in formulating a treatment plan. In this case there are no red flags, and there is no documentation that the patient has a lesion that should benefit from surgical intervention. The request should not be authorized.